

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **December 1st through 15th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		DEC 12 2002	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Mineral County Water District	Organizational Unit: Water District
Address (give city, county, State, and zip code): Mineral, Tehama County, CA 96063	Name and telephone number of person to be contacted on matters involving this application (give area code) Shirley Wheeler (530) 595 - 4418

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 62-1856412

7. TYPE OF APPLICANT: (enter appropriate letter in box)
☒ G
 A. State H. Independent School Dist.
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-760
 TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Renovation of Water District

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:
 Doug Ose / Wally Herger

Start Date 5/01/03	Ending Date	a. Applicant 2	b. Project 2
-----------------------	-------------	-------------------	-----------------

15. ESTIMATED FUNDING:

a. Federal	\$ 700,000.00
b. Applicant	\$.00
c. State	\$ 300,000.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 1,000,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 12/12/02
 b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Shirley Wheeler	b. Title Director	c. Telephone Number (530) 595-4418
d. Signature of Authorized Representative <i>Shirley Wheeler</i>		e. Date Signed 12/12/02

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <u>City of Dunsmuir</u>	Organizational Unit: <u>City</u>
Address (give city, county, state, and zip code): <u>5915 Dunsmuir Ave.</u> <u>Siskiyou County</u> <u>Dunsmuir, California 96025</u>	Name and telephone number of the person to be contacted on matters involving this application (give area code): <u>J. Keith Anderson</u> <u>(530) 235-4822, Ext. 104</u>

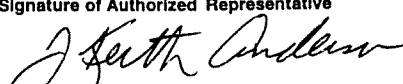
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 3 2 4 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) C <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ </div> </div>
---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: <u>U.S.D.A. Rural Development</u>
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 - 7 6 0</div> TITLE: <u>Water & Wastewater Disposal Loan and Grant</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>River Avenue & Siskiyou Avenue Sewer Project</u>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <u>City of Dunsmuir</u>	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF: <u>Wally Herger, 2nd District</u>	
Start Date	Ending Date	a. Applicant	b. Project
<u>July '03</u>	<u>Nov. '03</u>	<u>Same</u>	<u>Same</u>

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$ <u>781,000</u> .00	
b. Applicant	\$ _____ .00	
c. State	\$ _____ .00	
d. Local	\$ _____ .00	
e. Other	\$ _____ .00	
f. Program Income	\$ _____ .00	
g. TOTAL	\$ <u>781,000</u> .00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative <u>J. Keith Anderson</u>	b. Title <u>Finance Director</u>	c. Telephone number <u>(530) 235-4822 Ext. 104</u>
d. Signature of Authorized Representative 		e. Date Signed <u>12-4-02</u>

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Construction x Non-Construction		2. DATE SUBMITTED	Application Identifier
Preapplication Construction Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICATION INFORMATION

Legal Name The Regents of the University of California	Organizational Unit
Address (give city, county, state, and zip code) University of California, Riverside Office of Research Affairs 200 University Office Building Riverside, CA 92521	Name and telephone number of the person to be contacted on matters involving this application (give area code) Administrative Contact: Linda L. Bryant (909) 787-5535 Technical Contact: Gail S. Tonnesen (909) 781-5676

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 5 — 6 0 0 6 1 4 2

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ I
 A. State H. Independent School Dist.
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify): _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in boxes(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
6 6 0 5 0 0
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Experimental Evaluation of Observation Based Methods for Assessing the Sensitivity of Ozone to VOC and NOx

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
All U.S.

13. PROPOSED PROJECT:
Start Date Ending Date

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant CA 43 b. Project CA 42, 43

15. ESTIMATED FUNDING:

a. Federal	\$243,024
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$0
g. TOTAL	\$243,024

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 12/11/02
 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes," attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative Linda L. Bryant	b. Title Principal Contract & Grant Analyst	c. Telephone number (909) 787-5535
d. Signature of Authorized Representative <i>Linda L. Bryant</i>	e. Date Signed <u>11/25/02</u>	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Application for Federal Assistance

2. DATE SUBMITTED:

App Identifier

1. TYPE OF SUBMISSION

Application

☐ Construction

☒ Non-construction

Preapplication

☐ Construction

☐ Non-construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

State Application Identifier

Federal Identifier

DEC - 9 2002

STATE CLEARINGHOUSE
Department of Health Services (DHS)

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:

601 North 7th Street
P.O. Box 942732
Sacramento, CA 94234-7320

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Richard Blood (916) 324-2208

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0317191

7. TYPE OF APPLICANT: (enter appropriate letter here)

☒ A

A. State

H. Independent School District

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify):

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other Specify:

9. NAME OF FEDERAL AGENCY:

U. S. Environmental Protection Agency

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER:

66.032

TITLE: State Indoor Radon Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Development and Implementation of a Program for the Assessment and Mitigation of Radon

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

State of California

13. Proposed Project:

Start Date

End Date

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:

DHS

b. Project

Statewide

15. Estimated Funding:

a. Federal

\$

125,000

b. Applicant

\$

-

c. State

\$

126,285

d. Local

\$

-

e. Other: 1:1 Match

\$

-

f. Program Income

\$

-

g. TOTAL

\$

251,285

16.

IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE:

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed name of Authorized Representative.

David Soules, M.P.H.

b. Title: Administrator

Chief Deputy Director, DHS

c. Telephone Number

(916) 657-1425

d. Signature of Authorized Representative

David Soules

e. Date Signed

9/20/02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 2, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
 DEC - 6 2002
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Legal Name: <u>Hyampom Community Service District</u>	Organizational Unit:
Address (give city, county, State, and zip code): P.O. Box 214 Hyampom, CA 96046	Name and telephone number of person to be contacted on matters involving this application (give area code) Patricia Mortensen, District Manager (530) 623-8371
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0339685	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-7166 TITLE: Community Facilities Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of Water Tender for Fire Protection
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hyampom (pop. 234) in Trinity County, Calif, and surrounding 50 square miles.	
13. PROPOSED PROJECT Start Date: 1-1-2003 Ending Date: 4-1-2003	14. CONGRESSIONAL DISTRICTS OF: Honorable Wally Herger, District 1
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 15,000. b. Applicant \$ 35,000. c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE December 6, 2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Gwendolyn McCumber	b. Title Board Chairperson
d. Signature of Authorized Representative <i>Gwendolyn McCumber</i>	c. Telephone Number (530) 628-5952
	e. Date Signed December 2, 2002

Standard Form 424

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-7144-01
5. APPLICANT INFORMATION			
Legal Name: Antelope Valley Transit Authority		Organizational Unit:	
Address (give city, county, State, and zip code): 1031 West Ave. L-12 Lancaster, CA 93534		Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-726-2616 Ext. 209	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119		7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Formula Grants (Urban Area Formula Program) 20-507		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital Assistance For COP (Lease) Payments, and Operating Assistance.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California		9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 07-01-02	Ending Date 06-30-03	a. Applicant 25	b. Project 25
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,079,451	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 2,658,203	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 5,737,654		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative William Budlong	b. Title Executive Director	c. Telephone Number 661-726-2616 Ext 203	
d. Signature of Authorized Representative William Budlong	e. Date Signed 12/5/02		

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier																								
		3. DATE RECEIVED BY STATE	State Application Identifier																								
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																								
APPLICANT INFORMATION Legal Name: <u>Springville Public Utility District</u>																											
Address (give city, county, State, and zip code): <u>P.O. Box 434</u> <u>Springville, CA 93265</u> <u>Tulare County</u>		Organizational Unit: <u>Board of Directors</u>																									
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 1 7 3 1 8 9 7 </div>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Dennis R. Keller, District Engineer</u> <u>(559) 732-7938</u>																									
TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (Revision, enter appropriate letter(s) in box(es)) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____																									
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Water & Waste Disposal</u> <div style="border: 1px solid black; padding: 0 5px;">10 - 760</div> TITLE: <u>Loan and Grant Program</u>		9. NAME OF FEDERAL AGENCY: <u>USDA - Rural Development</u>																									
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Unincorporated Community of</u> <u>Springville, California, Tulare County</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Sewer Effluent Disposal Project</u>																									
13. PROPOSED PROJECT <u>March 2004*</u> Start Date Ending Date *Funding Dependent		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st																									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>10/4/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,021,800.00</td> </tr> <tr> <td>USDA-RD</td> <td></td> <td></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,021,800.00</td> </tr> </table>		a. Federal	\$	1,021,800.00	USDA-RD			b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	1,021,800.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	1,021,800.00																									
USDA-RD																											
b. Applicant	\$	0.00																									
c. State	\$	0.00																									
d. Local	\$	0.00																									
e. Other	\$	0.00																									
f. Program Income	\$	0.00																									
g. TOTAL	\$	1,021,800.00																									
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																											
a. Type Name of Authorized Representative <u>Wallace Johnson</u>		b. Title <u>President,</u> <u>Board of Directors</u>																									
d. Signature of Authorized Representative <u>Wallace Johnson</u>		c. Telephone Number <u>(559) 539-2869</u> e. Date Signed <u>10-4-02</u>																									

Office of Environmental Justice Small Grants Program - Application Guidance FY 2003

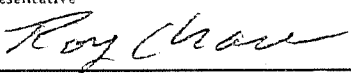
19

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED 12-18-2002	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Building Opportunities for Self-Sufficiency		Organizational Unit: N/A	
Address (give city, county, state, and zip code): 2065 Kittredge St., Ste. E Berkeley, CA 94704 (Alameda County)		Name and telephone number of the person to be contacted on matters involving this application (give area code) boona cheema, 510/649-1930	
6. EMPLOYER IDENTIFICATION (EIN): 5 1 - 0 1 7 3 3 9 0		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>NON-profit org.</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.604 TITLE: Environmental Justice Grants to Small Community Groups		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assessment to Identify & Reduce Environmental Health Risks/Inequities in Programs for Homeless Families and Individuals	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda County, California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 1-1-2003	End Date 12-31-2003	a. Applicant: 9	b. Project: 9
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal (if rec'd)	\$ 15,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____	
b. Applicant (pending)	\$ 50,000	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 65,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: boona cheema		b. Title: Executive Director	c. Telephone Number: 510/649-1930
d. Signature of Authorized Representative: <i>boona cheema</i>		e. Date Signed: 12-3-2002	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/15/02	Applicant Identifier
3. DATE RECEIVED BY STATE NOV 15 2002		State Application Identifier	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 3 2002 STATE CLEARING HOUSE </div>
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of Exeter		Organizational Unit: Municipality	
Address (give city, county, state and zip code): 137 North "F" Street Exeter, CA 93221		Name and telephone number of the person to be contacted on matters involving this application (give area code): Scot B. Townsend (559) 333-0029	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 3 2 9		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision IF Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE: Water & Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Upgrade to existing water system including replacement of deteriorating distribution lines and outfitting of a recently drilled well.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Exeter			
13. PROPOSED PROJECT: Start Date: 3/30/03 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 21st b. Project: 21st	
15. ESTIMATED FUNDING a. Federal \$ 3,000,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$ 59,100.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 3,059,100.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Names of Authorized Representatives Roy Chace		b. Title City Administrator	c. Telephone Number (559) 592-9244
d. Signature of Authorized Representative 		e. Date Signed 11/15/02	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

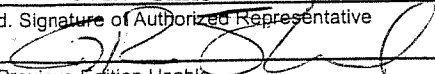
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 26, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

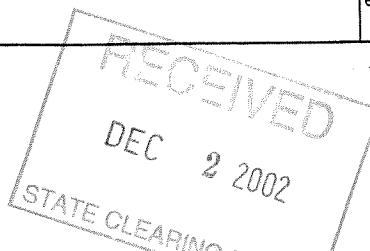
5. APPLICANT INFORMATION Legal Name: California Department of Transportation (Caltrans)		Organizational Unit: District 9, Division of Planning & Programming																														
Address (give city, county, State, and zip code): 500 South Main Street Bishop, CA 93514		Name and telephone number of person to be contacted on matters involving this application (give area code) Katy Walton, Deputy District Director (760) 872-0691																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 1 3 4 4 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -15px;">A</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																														
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>		9. NAME OF FEDERAL AGENCY: Federal Transit Administration																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 — 5 1 2 </div> TITLE: 49 U.S.C 5312(a)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Passenger Transportation & ITS Integration Program																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of Oregon, California, & Nevada		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: auto;"> RECEIVED DEC - 3 2002 STATE CLEARING HOUSE </div>																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">13. PROPOSED PROJECT ITS</td> <td colspan="2">14. CONGRESSIONAL DISTRICTS OF: California; 4 & 25, Nevada; 2, Oregon; 2</td> </tr> <tr> <td>Start Date 3/1/02</td> <td>Ending Date 6/30/04</td> <td>a. Applicant Caltrans</td> <td>b. Project Test & Deployment for APTS</td> </tr> </table>				13. PROPOSED PROJECT ITS		14. CONGRESSIONAL DISTRICTS OF: California; 4 & 25, Nevada; 2, Oregon; 2		Start Date 3/1/02	Ending Date 6/30/04	a. Applicant Caltrans	b. Project Test & Deployment for APTS																					
13. PROPOSED PROJECT ITS		14. CONGRESSIONAL DISTRICTS OF: California; 4 & 25, Nevada; 2, Oregon; 2																														
Start Date 3/1/02	Ending Date 6/30/04	a. Applicant Caltrans	b. Project Test & Deployment for APTS																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">.00</td> <td rowspan="7"> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/26/02 </td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/26/02	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/26/02																												
b. Applicant	\$.00																													
c. State	\$.00																													
d. Local	\$.00																													
e. Other	\$.00																													
f. Program Income	\$.00																													
g. TOTAL	\$.00																													
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																
a. Type Name of Authorized Representative F. Katy Walton		b. Title Deputy District Director																														
c. Telephone Number (760) 872-0691		e. Date Signed 11/26/02																														

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/26/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: COUNTY OF LAKE		Organizational Unit: DEPARTMENT OF PUBLIC WORKS	
Address (give city, county, State, and zip code): 255 N. Forbes Street Room 309 Lakeport, Ca. 95453		Name and telephone number of person to be contacted on matters involving this application (give area code) G.R. Shaul Kurt Ackermann (707) 263-2341	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 8 2 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;">B</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <div style="text-align: center;"><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration (FAA)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">2 0 - 1 0 6</div> TITLE: Airport Capitol Improvement Plan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drainage Improvements. Install Fencing Along Property Line. Removal of Trees in Transitional Zone. (Easement Acquisition)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTY OF LAKE			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project 1st.
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 364,950.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: (copy of application sent to state DATE <u>clearing house</u> . 11/26/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 18,248.00		
c. State	\$ 22,302.00		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 405,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative G.R. SHAUL		b. Title Director of Public Works	c. Telephone Number (707) 263-2341
d. Signature of Authorized Representative 		e. Date Signed 26 NOV 2002	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 4, 2002	Applicant Identifier OMB Approval No. 0348-0043
		3. DATE RECEIVED BY STATE	State Application Identifier DEC 2 2002
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier STATE CLEARING HOUSE
5. APPLICANT INFORMATION Legal Name: County of Sonoma Address (give city, county, State, and zip code): 2550 Ventura Ave. Santa Rosa, CA 95403-2829 Organizational Unit: Permit and Resource Management Department Name and telephone number of person to be contacted on matters involving this application (give area code): Rich Holmer, 707-565-3636			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000539		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USEPA, Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, studies, Investigations		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Identification, characterization and safe operation of commercial, industrial and agricultural septic systems in Sonoma County, California	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/03	Ending Date 1/1/06	a. Applicant Districts 1 and 6	
		b. Project Districts 1 and 6	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 74,736 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/06/02	
b. Applicant	\$ 15,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 89,736 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Michael Kerns		b. Title Chairman, Board of Supervisors	
c. Telephone Number (707) 565-2241		d. Signature of Authorized Representative Michael Kerns	
		e. Date Signed 11/26/02	

Previous Edition Usable
 Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

EXHIBIT A

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/25/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Care Management Corporation Address (give city, county, state, and zip code): 487 N. State Street Ukiah, CA 95482	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Christine B. Otto 707-468-0314 ext. 125
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 - 0 0 4 6 0 7 4 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: right; margin-top: 10px;"> <input checked="" type="checkbox"/> N Private, NonProfit Corporation </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other (specify): </div> <div> c. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 6 </div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of Building and Land located at 301-311 S. State St., Ukiah, California See "Legal Description" attached
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) City of Ukiah	

13. PROPOSED PROJECT Start Date Ending Date Feb. 03 unknown		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project US Congressional District #1 US Congressional District #1	
--	--	--	--

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/25/02 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal USDA	\$ 805,000.00	
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. Total	\$ 805,000.00	0.00

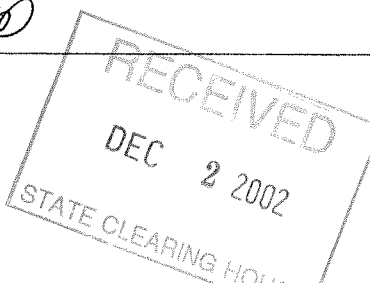
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

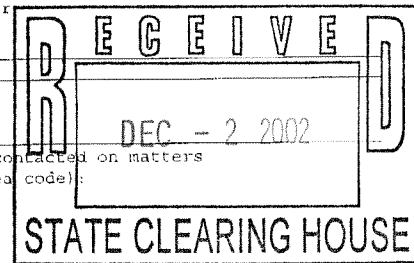
a. Type Name of Authorized Representative Bruce Andich, MD, President	b. Title President, Board of Directors	c. Telephone Number 707-459-6115
d. Signature of Authorized Representative <i>Bruce Andich MD</i>		e. Date Signed 11/25/02

Previous Edition Usable
AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102



APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier
1. TYPE OF SUBMISSION:		3. Date Received by State	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction		4. Date Rec'd by Fed Agency	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name State Water Resources Control Board		Organizational Unit Division of Clean Water Programs	
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): Joe Mello (916) 341-5622	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 1 0 2 8 1 9 8 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 - 8 0 2 TITLE: Site Specific Cooperative Agreements (Superfund)		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) San Gabriel Valley, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To identify, assess, and mitigate sources of ground water contamination in the San Gabriel Valley. A groundwater database will be maintained and updated periodically.	
13. PROPOSED PROJECT Start Date 1/1/03 Ending Date 12/31/03		14. CONGRESSIONAL DISTRICT OF: a. Applicant 3 b. Project California--All	
15. ESTIMATED FUNDING a. Federal \$ 407,705.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 407,705.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: December 2, 2002 b. NO: <input type="checkbox"/> Program is not covered by EO 12372. <input type="checkbox"/> Or program has not been selected by state for review	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No	
a. Typed Name of Authorized Representative Celeste Cantu		b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed	



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Location <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 20, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Self-Help Home Improvement Project	Organizational Unit:
Address (give city, county, State, and zip code): 3777 Meadowview Dr # 100 Redding, CA 96002	Name and telephone number of person to be contacted on matters involving this application (give area code) Keith Griffith (530) 378-6900

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 — 2 9 9 0 6 7 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> N </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Corp</u> </div> </div>
---	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): </div> <div> C. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY: USDA Rural Development
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 4 2 0 </div>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for funding of rural Self-Help Housing Technical assistance for the construction of 34 units in the two year period 2003-2005.
---	---

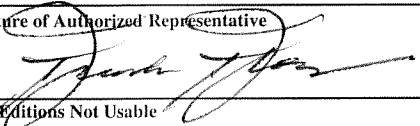
1. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta and Tehama counties	
--	--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date 6/1/03	Ending Date 5/31/05
a. Applicant 1st CD California	b. Project 1st CD California

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">510,000⁰⁰</td> </tr> </table>	a. Federal	\$																		510,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>11/20/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$																				
									510,000 ⁰⁰												
<table style="width:100%; border-collapse: collapse;"> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> </table>	b. Applicant	\$								⁰⁰											
b. Applicant	\$								⁰⁰												
<table style="width:100%; border-collapse: collapse;"> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> </table>	c. State	\$								⁰⁰											
c. State	\$								⁰⁰												
<table style="width:100%; border-collapse: collapse;"> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> </table>	d. Local	\$								⁰⁰											
d. Local	\$								⁰⁰												
<table style="width:100%; border-collapse: collapse;"> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> </table>	e. Other	\$								⁰⁰											
e. Other	\$								⁰⁰												
<table style="width:100%; border-collapse: collapse;"> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> </table>	f. Program Income	\$								⁰⁰											
f. Program Income	\$								⁰⁰												
<table style="width:100%; border-collapse: collapse;"> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">510,000⁰⁰</td> </tr> </table>	g. TOTAL	\$								510,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No										
g. TOTAL	\$								510,000 ⁰⁰												

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Name of Authorized Representative Keith Griffith	b. Title Executive Director	c. Telephone Number (530) 378-6900
d. Signature of Authorized Representative 		e. Date Signed 11/20/02

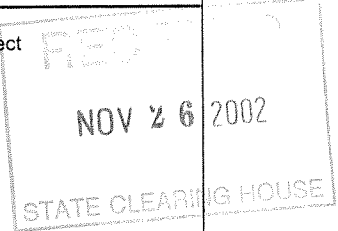
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A – increase award A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507 TITLE 49 U.S.C. § 5307		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Cities of Baldwin Park, Compton, Glendale and Monterey Park, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Subrecipient Grantee – Replacement Vehicles – Amendment 01	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 06-01-2000	Ending Date 06/30/2004	a. Applicant 27, 31, 37	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 4,466,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/27/2002</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,165,000.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 5,631,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative FRANK FLORES		b Title Deputy Executive Officer, Programming & Policy Analysis	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 		e. Date Signed 11/27/02	

Previous Editions Not Usable

Org Name: COASTAL HEALTH ALLIANCE UDS Number: 095400

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/1/2002	Applicant Identifier														
3. DATE RECEIVED BY STATE		State Application Identifier															
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier H80CS00339															
5. APPLICANT INFORMATION																	
Legal Name: COASTAL HEALTH ALLIANCE		Organizational Unit:															
Address (give city, county, state, and zip code) PO BOX 910 POINT REYES STATION, CA 949560091 Marin		Name and telephone number of the person to be contacted on matters involving this application (give area code) John Severson 415-663-8781															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1680172541A1		7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Non-Profit</u>															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): C. Increase Duration		9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COMMUNITY HEALTH CENTERS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coastal Health Alliance Community Health Project															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Western Marin County, CA																	
13. PROPOSED PROJECT: Start Date: 03/01/2003 Ending Date: 02/28/2008		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 6 b. Project: 6															
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>550,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>6,500.00</td> </tr> <tr> <td>c. State</td> <td>229,742.00</td> </tr> <tr> <td>d. Local</td> <td>146,009.00</td> </tr> <tr> <td>e. Other</td> <td>129,259.00</td> </tr> <tr> <td>f. Program Income</td> <td>893,118.00</td> </tr> <tr> <td>g. TOTAL</td> <td>1,954,628.00</td> </tr> </table>		a. Federal	550,000.00	b. Applicant	6,500.00	c. State	229,742.00	d. Local	146,009.00	e. Other	129,259.00	f. Program Income	893,118.00	g. TOTAL	1,954,628.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>11/01/2001</u> b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	550,000.00																
b. Applicant	6,500.00																
c. State	229,742.00																
d. Local	146,009.00																
e. Other	129,259.00																
f. Program Income	893,118.00																
g. TOTAL	1,954,628.00																
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative John Severson		b. Title Executive Director															
c. Telephone Number 415-663-8781		d. Signature of Authorized Representative Electronically Signed by: John Severson															
e. Date Signed 11/1/2002																	

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. Date Received by State		State Application Identifier	
Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Nonconstruction <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction		4. Date Rec'd by Fed Agency		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name State Water Resources Control Board		Organizational Unit Division of Water Quality			
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 -- 0 2 8 1 9 8 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>A</u>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____		A. State H. Independent School Dist. B. County I. State Institute Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 - 4 6 3 TITLE: Water Quality Cooperative Agreements		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) San Francisco Bay Region		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Interagency Personnel Agreement with U. S. Environmental Protection Agency			
13. PROPOSED PROJECT Start Date Ending Date 10/1/02 9/30/05		14. CONGRESSIONAL DISTRICT OF: a. Applicant b. Project 3 California--All			
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$.00		a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: September 24, 2002			
b. Applicant \$.00		b. NO: <input type="checkbox"/> Program is not covered by EO 12372.			
c. State \$.00		<input type="checkbox"/> Or program has not been selected by state for review.			
d. Local \$.00					
e. Other \$ 410,000.00					
f. Program Income \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$.00		<input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Celeste Cantó		b. Title Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative				e. Date Signed	
Previous Editions Not Usable					
Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-012					
AUTHORIZED FOR LOCAL REPRODUCTION					